

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/088334**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1			51						
3		1		1			52						
4		1		1			53						
5		1		1			54						
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7		1		1			56						
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46							95						
47							96						
48							97						
49							98						
50							99						
							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	9		9				TOTAL DEP.						
TOTAL CLAIMS	10		10				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADAMENDMENTS

Best Available Copy